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| **Education, Health and Care Needs Assessment Request****(Parent/Carer)****This request is made in accordance with section 36 of the Children and Families Act 2014**. |

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|  **Person Making Request** |
| **Parent/Carer name:**  |
| **Name of person completing form:** | **Date:** |

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| **Child / Young Person Personal details** |
| **Full name:** |  |
| **I like to be known as:** |  |
| **Date of birth:** |  | **Gender:** |  |
| **Ethnicity:** |  | **Religion:** |  |
| **Home address:** |  |
| **Telephone number:** |  | **Looked after / care leaver?** |  |
| **UPN:** |  | **NHS No:** |  | **ICS No:** |  |

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| **Significant People – Parental Responsibility** |
| **Relationship to child:**  |
| **First name:** |  | **Surname:** |  |
| **Home address:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Any support needs?** |  |
| **Significant People – Parental Responsibility** |
| **Relationship to child:**  |
| **First name:** |  | **Surname:** |  |
| **Home address:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Any support needs?** |  |

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| **Name of current setting:***(early years / school / college / work / training provider)* |  |
| **Year group:** |  |
| **Date of entry:** |  |
| **Name and role of main contact in setting:** |  |

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| **Has a person centred meeting with the school/setting and relevant professionals been held?** | Yes/No |
| **If yes, date of meeting:** |  |
| **Was the EHC assessment process discussed at this meeting and are the school/setting in agreement with the request for assessment?** | Yes/No |
| **If no, please give reason why:** |  |

**Please indicate if your child is currently receiving any support from specialist services (e.g. Educational Psychologist, Specialist Teacher), health and/or social care** (if reports they have recently written are available please attach to the end of this request for assessment and indicate in the table):

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| **Name:** | **Role/Service:** | **Contact details:** | **Outcome of involvement:** | **Dates from - to** | **Report attached?** |
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| **Parent/Carer views: What my family would like to say** |
| **Was this section completed independently?** Yes/No |
| **If not, who helped (name and role):** | **Date of completion:** |
| **Important information you need to know about #:** | *Please provide a brief history of your child. You may wish to think about your/ their health, eating/ sleeping, developmental milestones, social skills and relationships, attitude to school, taking part in activities in and out of setting).**A summary of your child’s needs.**What is important to him/her? What is the impact of their SEND on the family as a whole?* |
| **What # is good at:** | *What has he/she enjoyed and achieved in the last year?**What does he/she like to do?**Anything that has worked well inside or outside of school in the last year?* |
| **What # needs help with:** | *Anything that is not working well.**What would you like them to be able to achieve? What would they like to achieve?* |
| **How you can best support and communicate with #:** | *Outline here any support that he/she currently receives that is working well and that you would like to continue.**Is there any support that you would like in future?**Consideration should be given as to how best to communicate. This may include use of languages such as Makaton or could be in regards to the child needing to be in a quiet space, away from others.* |
| **Our hopes and aspirations for #’s future:** | *What would you like them to be able to achieve in the long term? What are your hopes and dreams for their future? Think about employment and independence and what they will need to achieve this.**What would he/she like to achieve in the long term?* |
| **Any other comments you would like to make:** |  |

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| **Parent/Carer Consent** |
| I would like the Local Authority to consider my child’s special educational needs and agree that information about them can be accessed on a ‘needs to know’ basis by education, health and social care as appropriate and can be shared with future providers to help them plan provision and appropriate support. You also agree that the Local Authority can seek information and advice from other services as appropriate. |
| **Signature of person giving consent:** |  |
| **Name of person giving consent:** |  |
| **Contact telephone no:** |  |
| **Contact e-mail:** |  |
| **Date:** |  |

**Please return this form, together with any reports, to:**

SEND Assessment & Review Team, Hull City Council, Brunswick House, Strand Close, Beverley Road,

Hull, HU2 9DB